

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
DIVISION OF WORKERS' COMPENSATION

Notice of DIME Negotiations

The parties must attempt to negotiate the selection of a physician to conduct the DIME. The Notice of DIME Negotiations form shall be filed within 30 days of the filing of the Notice and Proposal and Application for a DIME. If the parties have agreed on a DIME Physician and fee, either party may file this form. If the parties have not agreed on the DIME Physician, the insurer shall file the form.

WC #: _____ Claimant Name: _____

- Unable to agree upon a physician.
- Able to agree on the physician listed below. **(The Physician must be Level II accredited and may not have previously treated the claimant at any time. If parties agree on a DIME Physician the parties shall agree upon a fee with the physician. All parties must sign below, including the physician.)**

Agreed upon DIME fee: _____

Name of Physician: _____ Phone Number: _____

Office Location: _____

City: _____ State: _____ Zip: _____

Physician Email: _____

By signing below all parties agree to the DIME fees state above:

Claimant / Attorney: _____

Carrier / Attorney: _____

Agreed upon DIME Physician: _____

CERTIFICATE OF MAILING: Copies of this document were sent to the Division and the following parties
this _____ day of _____, _____.

List names and addresses of all persons copied:

Division of Workers' Compensation, DIME Unit
633 17th St., Suite 400, Denver, CO 80202-3626
DIME Unit Email: imeunit@state.co.us | DIME Unit Fax: 303-318-8659

Claimant: _____

Claimant's Attorney: _____

Carrier: _____

Carrier's Attorney: _____

Agreed upon DIME Physician: _____

By: _____
Signature

Print Name

If you have any questions about the DIME process, please contact Division of Workers' Compensation
Customer Service at 303-318-8700.